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PCEHR System and HI Service
Electronic Health Records and Healthcare Identifiers
Legislation Discussion Paper
Department of Health
MDP 1003
Canberra. 2601

Thank you for the opportunity to contribute to the review of the PCEHR. As a professional body representing Nurse Practitioners in Australia since 2005, we appreciate the opportunity to provide comment on behalf of our members.

Our concerns are to ensure the review will best achieve the desired benefits for public health outcomes whilst advocating for consumer identity protection. While it is acknowledged that the move to an electronic health record is designed to reduce fragmentation in healthcare and assist with information sharing, we would like assurance that adequate measures are in place for consumer protection. A number of concerns are outlined in the points below:

1. It is noted in the discussion paper that understanding of the PCEHR system is "patchy at best across all stakeholder groups and is particularly poor amongst the general public" and "the perception (amongst healthcare providers) of the PCEHR system is quite poor, and its benefits are not generally understood nor accepted at the current time."

   Given this assessment, it is not clear why the "opt out" system is justified. We are concerned by a number of factors:

   - how will the systems benefits be made clearer to the general public
   - if it is not well understood by health care providers, how has or will this be rectified – what sort of information will be provided, how and where will it be disseminated
   - how will an evaluation of further understanding and clarification of benefits be undertaken
   - the opt out system is particularly concerning for those who are reliant upon others to make choices and decisions for them – ie the most vulnerable groups in our community

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- It is unclear how making an opt out system in itself increases the value of the PCEHR system.

2. A proposal is made to have areas nominated for the opt out model of the PCEHR system, however the determination of these areas and the method by which this choice will be undertaken is not clear.
3. Accessibility to adequate software to enable secure use of the PCEHR system might be a difficult process for individual healthcare providers. A number of small and/or individual providers such as Nurse Practitioners might have difficulty with the costs involved in such an undertaking.
4. It is unclear in the discussion paper how the PCEHR will interface with life insurance, travel insurance, workers compensation, and other third party claims – it appears that this health information is excluded
5. As above, it is unclear how the system will interface with DVA information
6. Given that a proposal is made to change the definition of "healthcare" to include aged care, palliative care and disability services, is there scope for links with advanced care directives and end of life decision making?
7. There is a concern that the change to promote organisations registered with the PCEHR system may be anticompetitive in nature by being discriminatory against individual health care providers
8. The ACNP are concerned that any attemp to link outcomes and MBS payments for services – such as health assessments – to a patient controlled medical record is inappropriate
9. It is necessary for futher information be provided as to how consumers will be provided with adequate information to know how to respond to an alert system regarding notification of when their PCHER is being accessed. This information is not made clear in the discussion paper.
10. It is vital that the ACEH is transparent in its nomination and selection of clinical representation on the board and advisory committees, ensuring input from a multi-disciplinary perspective.

Once again, thank you for this opportunity to contribute. Should you require any clarification of the points raised please contact the Secretariat on secretariat@acnp.org.au.

Yours sincerely

Grainne Lowe
Vice President
VIC Chapter Chair
on behalf of the ACNP Board